For Paperwork Reduction Act Notice, see the separate instructions.

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493303013327 OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasure ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization D Employer identification number B Check if applicable RESULTS INC ☐ Address change ☐ Name change Doing business as ☐ Initial return Final Number and street (or P O box if mail is not delivered to street address) Room/suite 1101 15TH STREET NW Deturn/terminated E Telephone number ☐ Amended return (202) 783-7100 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20005 G Gross receipts \$ 213,125 Name and address of principal officer H(a) Is this a group return for JOANNE CARTER □Yes ☑No subordinates? 1101 15TH STREET NW H(b) Are all subordinates WASHINGTON, DC 20005 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) ✓ 501(c) ( 4 ) ◀ (insert no ) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Website: ► RESULTS ORG L Year of formation 1980 M State of legal domicile DC K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO CREATE THE POLITICAL WILL TO END HUNGER AND THE WORST ASPECTS OF POVERTY AND TO EMPOWER INDIVIDUALS TO HAVE BREAKTHROUGHS IN EXERCISING THEIR PERSONAL AND POLITICAL POWER Activities & Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net asset Number of voting members of the governing body (Part VI, line 1a) . . . 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 14 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 305,143 212,761 Program service revenue (Part VIII, line 2g) . 0 3,168 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 364 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 308,311 213,125 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 341.033 293.727 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶60,712 67,167 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 69,159 408,200 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 362.886 19 Revenue less expenses Subtract line 18 from line 12 . -99.889 -149,761 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 379,934 346,098 345,370 21 Total liabilities (Part X, line 26) . 229,445 Net assets or fund balances Subtract line 21 from line 20 150,489 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2017-10-27 Signature of officer Sign Here MARK BUTLER DIRECTOR OF FINANCE Type or print name and title Print/Type preparer's name DAVID JONES Preparer's signature DAVID JONES Date Check  $\square$  if P01361002 Paid self-employed Firm's name RIBIS JONES & MARESCA PA Firm's EIN > 52-1853933 **Preparer** Firm's address ► 10500 LITTLE PATUXENT PARKWAY SUITE Phone no (410) 884-0220 Use Only COLUMBIA, MD 21044 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat No 11282Y

Form 990 (2016)

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<u>`</u>	rpenses \$		ding grants of s		) (Revenue \$	,
4e To	tal program servi	ice expenses >	221,32	4		Form <b>990</b> (2016)

or X as applicable

Section 501(c)(3) organizations.

Part IV Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 🔒 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😼 . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦 . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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No

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Yes

Yes

Yes

Yes

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

ıs treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Νo

No

Νo

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35a

35b

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37

Yes

Yes

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			П
	Check if Schedule O contains a response of note to any line in this rare vir	·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5</b> a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
٠	The sale of Sb, and the organization menorin 6000 in the sale of t	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b	Yes	
	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<u>ь</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 00	

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions			
Sa	Check if Schedule O contains a response or note to any line in this Part VI			✓
se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes Yes	
13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes	
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes L, KS,	No KY, ME
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes L, KS,	No KY, ME
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes L, KS,	No KY , ME
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes L, KS,	No KY , ME
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes L, KS,	No KY , ME

(14) PANKAJ AGARWAL

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

<ul> <li>List all of the organization's former officers, of reportable compensation from the organization</li> </ul>						sated	emp	ployees who receive	ed more than \$100	,000
• List all of the organization's former director organization, more than \$10,000 of reportable co										
List persons in the following order individual trus compensated employees, and former such person		rs, insti	tutior	nal t	:rust	ees, c	office	ers, key employees	s, highest	
Check this box if neither the organization no	r any related or	rganızat	ion c	omr	ens	ated a	any (	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	perso and	an one son is I a dir	both recto	ot che ox, u th an or/tr	unless office rustee)	er :)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Former Highest compensated employee Officer Institutional Trustee Individual trustee		MISC)	organization and related organizations				
(1) KUL GAUTAM	2 00	x		x					0	
CHAIR	5 00		Ш'			<u></u>	L	U	0	0
(2) BETH WILSON	2 00	×	$\bar{1}$ $'$	[ , '		[ '				
SECRETARY	5 00		<u></u> '	х		<u> </u>		0	0	0
(3) JAN TWOMBLY	2 00	x		x		[ '		0	0	0
TREASURER	5 00		1 '	^		'		Ĭ	اً ا	<u> </u>
(4) SAM DALEY-HARRIS	1 00								70, 206	24.072
FOUNDER/PRESIDENT	40 00	×	1 '	X		'		0	79,396	31,972
(5) SCOTT LECKMAN MD DIRECTOR	2 00	х						0.	0	0
(6) ERNEST LEOVINSOHN DIRECTOR	2 00	х						0	0	0
(7) MARIAN WRIGHT EDELMAN	2 00	_	$\square$		$\vdash$	+-	$\vdash$	1		
DIRECTOR	5 00	х	1 '	'		'		0	О	0
(8) VALERIE HARPER DIRECTOR	2 00	×						0	0	0
(9) MARIANNE WILLIAMSON DIRECTOR	2 00 5 00	×						O	0	0
(10) ROGER HUDSON DIRECTOR	2 00	×						O	0	0
(11) PROF MUHAMMAD YUNUS DIRECTOR	2 00	×						0	0	0
(12) VANESSA GARCIA DIRECTOR	2 00	×					Г	o	0	0
(13) CINDY CHANGYIT-LEVIN	2 00	-						0.	0	0

#### Х 0 DIRECTOR 5 00 2 00 (15) MAXINE THOMAS ...... Х 0 DIRECTOR 5 00 6 00 (16) JOANNE CARTER Χ 147,450 30,253 EXECUTIVE DIRECTOR 34 00 2 00 (17) MARK BUTLER х 124,203 30,193 DIRECTOR OF FINANCE 38 00

0

0

Form 990 (2016) Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, u in of	t che inles ficer	eck moss persection and a decided and a deci	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptovee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total		 n A			<u> </u>	<u> </u>				
			΄.	٠.	•	<b>&gt;</b>  -		0	351,049	92,418
2 Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rece	eived more than \$10	00,000	

d	Total (add lines 1b and 1c)	>	0		351
2	Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization $\blacktriangleright$ 0	wh	o received more than	\$100,000	

1b 9	Sub-Total						<b>&gt;</b>					
c T	otal from continuation sheets to Pa	art VII, Sectio	nΑ.				<b>▶</b> [					
d <sub>1</sub>	「otal (add lines 1b and 1c) .     .						<b>≯</b> [	0		351,049		92,418
2	Total number of individuals (including of reportable compensation from the o			e liste	ed ab	ove)	wh	o received more than	\$100,000			
											Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>	•			•			-		ee on	3	No
4	For any individual listed on line 1a. is	the sum of rep	ortable :	comp	ensa	tion a	and	other compensation i	rom the			1

c T	Gub-Total	0		92,418
u	Total (add lines 1b and 1c)	9		92,410
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

	Total from continuation sheets to Part VII, Section A	49		92,418
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		163	
	services rendered to the organization?If "Yes," complete Schedule J for such person	5		l No

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 1 for such person		No

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ction B. Independent Contractors			

*	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			
_Se	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.						

			4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization $^{2}$ If "Yes," complete Schedule J for such person		5		No
Se	ction B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received m from the organization. Report compensation for the calendar year ending with or within the org		npensa	ition	
	(A) Name and business address	(B) Description of services		(C)	

	services rendered to the diganization in res, complete Schedule 7 for such person		5		No
_Se	ection B. Independent Contractors				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.					
	(A) Name and business address (B) Description of serv	ces		(C) Compens	sation

2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization ▶ 0	eceived more than \$100,000 of	

Form **990** (2016)

-011	11 990 (2010)				Page 10
	IT IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	27,039	17,942	3,921	5,176
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	217,470	144,277	31,349	41,844
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,891	1,347	303	241
9	Other employee benefits	28,532	18,712	4,206	5,614
10	Payroll taxes	18,795	12,427	2,770	3,598
11	Fees for services (non-employees)				
	a Management				
	Legal	136		136	
	Accounting	7,750		7,750	
		7,730		7,730	
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
	Investment management fees				
•	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	75	19		56
12	Advertising and promotion	27			27
13	Office expenses	11,370	131	11,073	166
14	Information technology				
15	Royalties				
16	Occupancy	20,736	13,757	2,989	3,990
17	Travel	4,835	4,814	21	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,198	2,198		
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
23	Insurance	2,428		2,428	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a DUES AND SUBSCRIPTIONS	16,004	5,700	10,304	
	b LICENSES, TAXES AND FEE	3,600		3,600	
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	362,886	221,324	80,850	60,712
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Form	990	(2016)				Page <b>11</b>
Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part IX .			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		358,266	1	324,076
	2	Savings and temporary cash investments	[	21,668	2	22,022
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	[		4	
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L	ted employees Complete Part		5	
	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in sectior contributing employers and sponsoring organiza voluntary employees' beneficiary organizations (Part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9)		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ø	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 4,550			
	ь	Less accumulated depreciation	<b>10b</b> 4,550	0	<b>10</b> c	0
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	: 11		13	
	14	Intangible assets	[		14	
	15	Other assets See Part IV, line 11	[		15	
	16	Total assets.Add lines 1 through 15 (must equa	al line 34)	379,934	16	346,098
	17	Accounts payable and accrued expenses		6,713	17	5,177
	18	Grants payable			18	
	19	Deferred revenue	. <u>.</u>		19	
	20	Tax-exempt bond liabilities			20	
Š	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees				
iab		persons Complete Part II of Schedule L $$ .			22	
ت	23	Secured mortgages and notes payable to unrelate	ted third parties		23	,
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D		222,732	25	340,193
	26	Total liabilities.Add lines 17 through 25	ļ	229,445	26	345,370
_			<del></del>			<del> </del>

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets 150,489 27 728 27

28 Temporarily restricted net assets 28 29

29 Permanently restricted net assets

Net Assets or Fund Balances Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

30

31

32

33

34

728 346,098

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150,489

379,934

30

31

32

33

34

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			213,125
2	Total expenses (must equal Part IX, column (A), line 25)	2			362,886
3	Revenue less expenses Subtract line 2 from line 1	3		-	-149,761
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			150,489
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10		10			728
	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ĺ '	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both	ı a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both	asıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O			

За

3Ь

Nο

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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

Software Version:

EIN: 52-1411039

Name: RESULTS INC.

Form 990 (2016)

#### Form 990, Part III, Line 4a:

GRASSROOTS ADVOCACY TO END HUNGER - RESULTS, INC. SUPPORTS ANTI-POVERTY LEGISLATION BY ENGAGING IN THE FOLLOWING GRASSROOTS

ACTIVITIES MOBILIZING AROUND KEY LEGISLATIVE OPPORTUNITIES THAT WILL HAVE THE GREATEST IMPACT ON THE LIVES OF LOW-INCOME PEOPLE. THIS CAN RANGE FROM SUPPORTING MEMBERS OF CONGRESS IN GENERATING BIPARTISAN SUPPORT FOR ANTI-POVERTY LEGISLATION TO HELPING LEGISLATORS CRAFT BILLS THAT WILL BENEFIT THE POOREST EMPOWERING ORDINARY PEOPLE WITH THE NECESSARY TRAINING AND SUPPORT SYSTEM TO PLAY A SIGNIFICANT ROLE IN ENDING POVERTY RESULTS HAS GRASSROOTS CHAPTERS IN OVER 100 LOCATIONS IN THE UNITED STATES. WHICH FORM ONE OF THE MOST EFFECTIVE GRASSROOTS NETWORKS IN THE WORLD ADVOCATING FOR POLICIES AND LEGISLATION THAT CREATE OR SAFEGUARD EFFECTIVE SOLUTIONS TO POVERTY, MAKE PROGRAMS RUN MORE EFFICIENTLY AND EFFECTIVELY, AND EXTEND COVERAGE TO THOSE WHO NEED IT

SCHEDULE D

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

DLN: 93493303013327 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	me of the organization		Employer identific	ation nu	ımber
KES	OLIS INC		52-1411039		
Pa	organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund "Yes" on Form 990, Part IV, line 6.	ds or Accounts.		
		(a) Donor advised funds	(b)Funds and othe	r account	s
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to t		or advised	Yes	 : 🗆 No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			☐ Yes	; □ No
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" on	Form 990, Part IV, line	7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)			
	$\square$ Preservation of land for public use (e g , rec	reation or education) 🔲 Preservation o	of an historically important	land area	а
	Protection of natural habitat	Preservation o	of a certified historic struct	ure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	neld a qualified conservation contribution in th	e form of a <u>conservation</u> Held at the	End of t	he Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement		2b		
С	Number of conservation easements on a certified	·	2c		
d	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/1//06, and not on a historic	2d		
3	Number of conservation easements modified, trantax year ▶	sferred, released, extinguished, or terminated	d by the organization durin	g the	
4	Number of states where property subject to conse	ervation easement is located <b>&gt;</b>			
5	Does the organization have a written policy regard and enforcement of the conservation easements i	ding the periodic monitoring, inspection, hand t holds?		res [	] No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforci	ng conservation easements	s during t	he year
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing co	nservation easements duri	ng the ye	ar
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of secti	on 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?			res 🗆	] No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's financial			
Par		ions of Art, Historical Treasures, or	Other Similar Assets	•	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to its	eld for public exhibition, education, or researcl	n in furtherance of public s		<s of<="" th=""></s>
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo following amounts relating to these items				
(	i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$		
(ī	i)Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of art, I following amounts required to be reported under		financial gain, provide the		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$		
For I	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990. Cat	No 52283D Schedule	D (Form	990) 2016

Par	1111	Organizations M	aintaining Col	lections o	of Art, H	istori	cal Tr	easu	ıres, or	Other	Similar <i>I</i>	Assets (	continued,	)
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	recor <b>d</b> s,	check :	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of it	s collection	1
а		Public exhibition				d		Loan	or excha	inge prog	rams			
b		Scholarly research				е		Othe	r					
C		Preservation for future	e generations											
4	Prov Part	ide a description of the XIII	organization's col	lections and	l explain h	no <b>w</b> the	y furth	er the	e organız	ation's ex	empt purp	ose in		
5		ng the year, dıd the org ts to be sold to raise fui									lar	□ Ye	es 🗆	No
Par	t IV	Escrow and Cust Complete if the or X, line 21.	odial Arrange ganization ansv	<b>ments.</b> vered "Yes	" on Fori	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	ount on I	Form 990	, Part
1a		e organization an agent ded on Form 990, Part		an or other	ıntermedi	ary for	contrib	oution	s or othe	r assets I	not	☐ <b>Y</b> €	es 🗆	No
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fol	llowing	table		[			Amount		
C	Begii	nnıng balance								1c				
d	Addı	tions during the year								1d				
е	Dıstr	ributions during the year	r						ļ	1e				
f	Endi	ng balance							Ĺ	1f				
2a	Dıd t	the organization include	an amount on Fo	rm 990, Pai	rt X, line 2	21, for	escrow	or cu	istodial a	ccount lia	bility?	□ Ye	es 🗌	No
b	If "Y	es," explain the arrange	ement in Part XIII	Check here	e if the ex	planatı	on has	been	provided	in Part )	KIII		$\Box$	
Pa	rt V	Endowment Fun	<b>ds.</b> Complete ıf	the organ	ızatıon a	nswer	ed "Ye	es" or	n Form !	990, Par	t IV, line	10.		
		_		(a)Currer	nt year	<b>(b)</b> P	rıor year		(c)Two ye	ars back	(d)Three y	ears back	(e)Four ye	ars back
	-	ning of year balance .												
		butions												
		vestment earnings, gair						_						
		s or scholarships						_						
		expenditures for faciliting rograms	es											
f	Admir	nistrative expenses .						_						
g	End of	f year balance						L						
2		ide the estimated perce	-	ent year end	balance	(line 1	g, colur	nn (a	)) held a:	5				
а	Boar	d designated or quasi-e	ndowment 🟲											
b	Perm	nanent endowment <b>&gt;</b>												
c	Tem	porarily restricted endov	wment <b>&gt;</b>											
		percentages on lines 2a		-										
3а		there endowment funds nızatıon by	not in the posses	sion of the	organızatı	on that	are he	e <b>ld</b> an	d admını	stered fo	r the		Yes	No
	(i) u	inrelated organizations					•						a(i)	
b		related organizations    . es" on 3a(II), are the re		 ns listed as i	· · · required o	 n Sche	dule R	· .	·. ·.				a(ii) 3b	
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's en <b>d</b> ow	ment f	unds							
Par	t VI				_									
	Descr	Complete if the or	ganization ansv (a) Cost or oth (investme	ner basıs	(b)Cost o						n 990, Pa epreciation		<b>e 10.</b> <b>(d)</b> Book val	ue
<b>1</b> a	Land													
b	Buildir	ngs												
С	Leasel	hold improvements												
d	Equipi	ment						4,550			4,550			0
									Ì					
Tota	I Add	lines 1a through 1e (Co	olumn (d) must e	aual Form 9	QA Part 1	Colur	nn (R)	line	10(c)			1		

Part VII	<b>Investments—Other Securities.</b> Complete if the Games See Form 990, Part X, line 12.	organiza	ition ansv	vered 'Yes' on F	orm 990, Par	t IV, line 11b.
	(a) Description of security or category (including name of security)		(b)Book value		(c)Method of va	
(1)Financial	derivatives				, , , , , , , , , , , , , , , , , , , ,	
( <b>2</b> )Closely-n ( <b>3</b> )Other	neld equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related. Complete if the	organiz		swered 'Yes' on	Form 990. Pa	rt IV. line 11c.
	See Form 990, Part X, line 13.		ook value			
	(a) Description of investment	(6)	ook value		(c) Method of va or end-of-year	
(1)						
(2)						
(3)						
(4)		_				
(6)						
(7)		_				
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered 'Yo	<b>▶ </b> es' on Foi	r <b>m</b> 9 <b>90,</b> Pa	rt IV, line 11d S	ee Form 990, Pa	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.	wered '۱	· · · 'es' on Fo	 orm 990, Part I\	<b>•</b> /, line 11e or	11f.
1.	(a) Description of liability		<b>(b)</b> B	ook value		
(1) Federal I	ncome taxes					
OTHER CURF	RENT LIABILITIES			3,726		
DUE TO RES	ULTS EDUCATIONAL FUND			336,467		
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	- (h)					
	n (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text of th	►   e footnot	e to the or	340,193 ganızatıon's fınar	ncial statements	that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740				ote has been pro	_

1

2

а

b

c

d

e

3

4

b

C 5

Part XII

Schedule D (Form 990) 2016

2e

3

4c

Page 4

	Complete if the organization answered 'Yes' on Form 990, Part IV, lin	e 12a	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		Γ
а	Donated services and use of facilities		l

а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c		]	
d	Other (Describe in Part XIII ) .		2d		]	
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b		]	
С	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	) .		5	
Par	t XIII Supplemental Info	ormation				
		or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, (I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional informatio				additional information
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4a 4b

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total revenue, gains, and other support per audited financial statements . . . . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities . .

Recoveries of prior year grants . . . .

Other (Describe in Part XIII ) . . . .

Add lines 2a through 2d . . . . . .

Other (Describe in Part XIII ) . . . . . .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Page <b>5</b>		Schedule D (Form 990) 2015
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference
		·
		·

Schedule D (Form 990) 2016

### Additional Data

Software Version:

EIN: 52-1411039
Name: RESULTS INC

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	RESULTS, INC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MO RE LIKELY THAN NOT OF BEING SUSTAINED RESULTS, INC DOES NOT BELIEVE ITS FINANCIAL STATEM ENTS INCLUDE ANY UNCERTAIN TAX POSITIONS

Software ID:

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493303013327

### Schedule J

(Form 990)

## Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

RESULTS INC

Name of the organization

**Employer identification number** 

52-1411039 Questions Regarding Compensation Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

(F) Compensation in

column(B) reported

as deferred on prior

Form 990

Schedule J (Form 990) 2015

Page 2

1 JOANNE CARTER EXECUTIVE DIRECTOR

2 MARK BUTLER DIRECTOR OF FINANCE (ii)

Bonus & incentive

compensation

2 and/or 1099-MISC compensation

(111)

Other reportable

compensation

(C) Retirement and

other deferred

compensation

4,500

(D) Nontaxable

benefits

25.753

30.193

(E) Total of columns

(B)(I)-(D)

177,703

154.396

(A) Name and Title	(B) Breakdown of	- W-2
	Base	

(I) compensation

147,450

124,203

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

C-h-dul- 1 /F--- 000\ 201F

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	l: 93493303013327
SCHEDUL	E O Supplemental Information to Form	990 or 990-FZ	OMB No 1545-0047
(Form 990 or EZ)  Department of the T	2016 Open to Public Inspection		
Internal Revenue Se Name of the org RESULTS INC	anization	Employer iden	tification number
KL30E13 INC		52-1411039	
Return Reference	e O, Supplemental Information  Explanation		
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF NO FEWER BERS OF THE BOARD OF DIRECTORS, INCLUDING 4 GRASSROOTS I RETARY, THE TREASURER AND THE EXECUTIVE DIRECTOR THE EXAME POWERS AS THE FULL BOARD AS PROVIDED IN ARTICLE V, EXINCORPORATION OR BYLAWS, SELECTING AND REMOVING ALL OTHER DIRECTOR OF THE CORPORATION, OR ANY OTHER ACTION LEGISLATION BOARD	DIRECTORS, THE CHAIRPERS KECUTIVE COMMITTEE SHALL CEPT FOR AMENDING THE AF HER OFFICERS, AGENTS AND	SON, THE SEC LHAVE THE S RTICLES OF THE EXECUT

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION A, LINE 6

Return Explanation

FORM 990, MEMBERS HAVE THE RIGHT TO ELECT DIRECTORS TO FILL A MINIMUM OF FOUR SEATS ON THE BOARD OF DIRECTORS MEMBERS HAVE NO OTHER VOTING RIGHTS

SECTION A.

990 Schedule O, Supplemental Information

LINE 7A

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation
Reference

990 Schedule O. Supplemental Information

LINE 12C

FORM 990, THE ORGANIZATION'S EXECUTIVE DIRECTOR ENSURES THAT EACH MEMBER OF THE BOARD OF DIRECTORS C OMPLETES AND SUBMITS ANNUALLY A CONFLICT OF INTEREST FORM TO DISCLOSE ANY INTERESTS THAT M SECTION B, AY GIVE RISE TO CONFLICTS

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE ORGANIZATION'S BOARD EXECUTIVE COMMITTEE DETERMINES THE SALARY OF THE EXECUTIVE DIRECT
PART VI,	OR BY REVIEWING ORGANIZATIONAL PERFORMANCE AND COMPARABLE PUBLIC DATA FOR ORGANIZATIONS OF
SECTION B,	SIMILAR SIZE AND PURPOSE THEIR DECISION IS DOCUMENTED CONTEMPORANEOUSLY
LINE 15A	

Return Explanation
Reference

FORM 990, THE ORGANIZATION MAKES ITS FORMS 1024 AND 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST P OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST SECTION C,

990 Schedule O. Supplemental Information

LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493303013327 OMB No 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990) 2016 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization RESULTS INC 52-1411039 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a)
Name, address, and EIN (if applicable) of disregarded entity (c) Legal domicile (state Primary activity Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (d) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? No Yes (1) RESULTS EDUCATIONAL FUND INC CA 501(C)(3) LINE 7 GENERATING THE WILL TO 1101 15TH STREET NW END HUNGER AND POVERTY N/A WASHINGTON, DC 20005 95-3747267

Cat No 50135Y Schedule R (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512-		(g) Share of e end-of-year assets	Disprop	<b>h)</b> ortionate ations?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or iging	<b>(k)</b> Percenta <u>c</u> ownershi
					514)			Yes	No		Yes	No	
Part IV Identification of Related Orga because it had one or more related.						zation ans	wered "Yes	l on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do do (state	(c) Legal omicile or foreign untry)		entity (C c	(e) be of entity orp, S corp, or trust)	(f) Share of total Income		(g) e of end year assets		h) intage ership	(13	(i) ation 512( 3) controll entity?
			ditity)									Y	es No
								<del> </del>					
								+					
													$\perp$

R (Form 990) 2016		Pa	ge <b>3</b>
Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
eipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
, grant, or capital contribution to related organization(s)	1b		No
, grant, or capital contribution from related organization(s)	1c		No
ns or loan guarantees to or for related organization(s)	1d		No
ns or loan guarantees by related organization(s)	1e		No
dends from related organization(s)	1f		No
e of assets to related organization(s)	<b>1</b> g		No
chase of assets from related organization(s)	1h		No
nange of assets with related organization(s)	<b>1</b> i		No
se of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
se of facilities, equipment, or other assets from related organization(s)	1k		No
ormance of services or membership or fundraising solicitations for related organization(s)	11		No
ormance of services or membership or fundraising solicitations by related organization(s)	1m		No
ring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
iring of paid employees with related organization(s)	10	Yes	
mbursement paid to related organization(s) for expenses	1p	Yes	
mbursement paid by related organization(s) for expenses	1q	Yes	
er transfer of cash or property to related organization(s)	1r		No
er transfer of cash or property from related organization(s)	1s		No

0	Sharing of paid employees with related organization(s)		10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<u> </u>	1p	Yes	
			1q	Yes	
r	Other transfer of cash or property to related organization(s)	}	1r		No
	Other transfer of cash or property from related organization(s)		1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	<del></del>			
	(a) Name of related organization  (b) Transaction Amount involved Method of determining type (a-s)	( <b>d)</b> ermining amou	unt inv	volved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
					_			_		Schedul	e R (Form	າ 99	0) 2016

